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ABSTRACT

Early pregnancy and parenthood are established indicators of high-risk status for both mother and child with regard to future health problems, poverty, and child abuse and neglect. A study was conducted to describe the views of a sample of teenage Aid to Families with Dependent Children (AFDC) mothers. Subjects (N=53) were urban teenage mothers receiving AFDC who volunteered to be interviewed. The results revealed that most of the women felt they had employable skills and almost one-half were looking for work. Premarital sex was overwhelmingly acceptable to the mothers. Mothers supported having and keeping the baby if a teenager became pregnant. Almost all mothers thought teenagers should use birth control. Mothers felt that a double standard existed when teenagers became parents; the father was more likely to be admired and less likely to be looked down upon than was the mother. Almost one-half of the mothers did not consider parents to be sources of guidance. A comparison study used students (N=409) in high schools in the same neighborhoods as the welfare mother sample. More teenage mothers saw themselves as single parents or married in 10 years than did non-parents. Non-parents expressed more perceived control over their lives and were less likely to have no specific career goals. Teenage mothers had less support for finishing high school from their parents and boyfriends. A system of comprehensive, continuous services for teenage mothers with a preventive and developmental thrust is needed. (ABL)

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ADOLESCENT WELFARE MOTHERS: LOST OPTIMISM AND LOWERED EXPECTATIONS

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ADOLESCENT WELFARE MOTHERS:
LOST OPTIMISM AND LOWERED EXPECTATIONS

INTRODUCTION

Early pregnancy and parenthood are established indicators of high risk status for both mother and child with regard to future health problems, poverty, and child abuse and neglect. In the United States, which has the highest teenage pregnancy and birth rate among the developed nations, the negative consequences of early childbearing contribute substantially to the social and economic problems of the society.[1] Public health professionals have focused on strategies for primary prevention (education and access to contraceptives) and on the medical/biological outcomes of the adolescent as a high risk mother (morbidity and mortality rates of the mother and the neonate).[2] However, it is the social work profession (through the vast network of income maintenance and other social welfare agencies) which is charged with responding to the major social sequellae of early, unwanted child bearing. These negative consequences have been well documented and chart a clear pattern of continuing poverty and limited opportunity. Teen mothers average two years less education than their peers who do not become pregnant, and are far more likely to live in poverty for much of their lives.[3] Half of all women on Aid to Families with Dependent Children give birth to their first child while in their teens. It is estimated that these women and their families cost the taxpayer 6 billion dollars a

year.[4]

In the past, social work studies of the problems of the teen mother often focused on identifying differences between the pregnant teen and her non pregnant peer, on the assumption that some pathology of person or environment was at work. These studies were not fruitful in providing an explanation for the growing phenomenon.[5] The authors tend to agree with Luker: engaging in risk taking behavior means that some get caught and some don't.[6] Of course, known factors of low socioeconomic status predispose to greater risk through reduced knowledge, aspiration and access to preventive services.

While the over 1 million teens who get pregnant each year may be no different from their non pregnant peers, those who choose to carry the pregnancy to term and keep their child rapidly become quite different from their peers.[7] The study reported in this paper attempts to add to information about this group.

The intent of this paper is to describe the views of a sample of teenage AFDC mothers about important life issues such as careers, education, motherhood, sexuality and projections about the future. Some of these views are contrasted with those of a separate sample of their non-parent peers who are still in high school. We will show how the attitudes of the teen mothers have become less hopeful than those of their peers, presumably because they have already encountered the well-documented social

and economic sequellae of unintended teen motherhood, and suggest that this pessimism may contribute to subsequent life experiences. Implications of the information obtained for secondary prevention programming with teen mothers will be presented.

THE TEEN WELFARE MOTHERS: DESCRIPTION OF THE SAMPLE

The sample was composed of 53 teenage mothers in San Diego County who were current recipients of the Aid to Families with Dependent Children Program. Participants were solicited by a posted notice asking for volunteers which offered to pay $10 for participation in a two hour interview. This solicitation was part of a larger study of teen attitudes towards important life concerns.[8]

The age of the respondents ranged from 15 to 19, with a mean of 17. The mean age of the mother at birth of the child was 16, with a range of 14 to 18. Two women had given birth at 14, and thirteen at age 15, making up 32.1% of the sample who gave birth before age 16. The mean age of the babies at the time of the study was just under 12 months, with a range from under 3 months to over 2 years of age.

The ethnic breakdown of the women was as follows: white 22.6% (12) black 47.2% (25), hispanic 24.5% (13), and other 5.7% (3). The stated religious affiliation was Protestant 43.4% (23) Catholic 47.2% (25), Islamic 1.9% (1), and unaffiliated 7.5% (4). With regard to school attendance, 39.6% (21) were no longer

in school, 51% (27) reported that they were in the 11th or 12th grade, and 9.4% (5) were in the 9th or 10th grade.

Just over half of the young women, 50.9% (27), reported living with their parents while 20.8% (11) lived with a husband or male companion. Another 20.8% (11) lived alone with their child, and 7.5% (4) lived in other arrangements. Only 18.9% (10 women) acknowledged that the baby's father helps to support them, while 52.8% (28) stated that he does not, and 28.3% (15) were not sure or did not respond. These last responses should probably be read cautiously since the women were AFDC recipients and may have been reluctant to report the extent of the father's involvement. Almost 50% (26) of the respondents reported that their mothers work fulltime outside the home, and another 5.7% (3) reported mothers who work parttime. Eleven (20.8%) of the sample reported that their mothers have been on AFDC for more than 2 years.

Over ninety percent of the women (48) reported that they had siblings, and 32.1% (17) reported that a sibling was also a teen parent. Ten women (18.9%) reported that they had spent time in foster care, but only two women (3.8%) reported that any siblings had been in foster care, a finding worthy of further study.

In response to an open-ended question about how long they planned to remain on AFDC, the following responses were obtained:

Table

How long do you plan to remain on AFDC?
N=53

	Percent	N
Uncertain, no definite plan	51.4%	27
Until I get a job	24.5%	13
Until my spouse/boyfriend gets a job	11.3%	6
Until I finish school	9.4%	5
Until the baby starts school	3.8%	2
Total	100.0	53

Almost 70% (37) of the young women felt they had employable skills and 45.3% (24) stated they were currently looking for work. However, only 5 women (9.4%) were in a job training program. Almost 95% of the women expected to be working while raising their child, and 79.2% (42) felt good about that, while 17.0% (9) felt this was undesirable. Asked if being a parent could interfere with attaining life goals, 41.5% (22) of the women answered yes, 56.6% (30) said no, and one person (1.9%) was uncertain.

With regard to participation in Medicaid (Medi-Cal in California), 74% (41) of the respondents indicated that their baby was born under Medi-Cal coverage, and 81.1% (43) reported that their child was presently covered by the program. It appears that some of the young women may not understand the Medi-Cal program. Since all AFDC recipients are covered by Medi-Cal in California, 100% should have reported that their babies were covered. Asked if their child had any handicaps or disabilities, 52 of the 53 young women responded in the negative. Again, we

wonder about the level of awareness of their childrens' identified health problems and we recognize that, due to the young age of the children, many disabilities would not yet have been diagnosed.

ATTITUDES TOWARD SEX AND PARENTHOOD

The respondents were asked for their own views about the acceptability of premarital sex, and for their estimate of their female and male friends' attitudes. Table 2 show the results of this question.

Table 2

Attitudes toward Premarital Sex
N=53

	Own Attitudes		Female Friends		Male Friends	
	%	N	%	N	%	N
It's OK	37.7	20	69.8	37	88.7	47
Depends on Situation	45.3	24	28.3	15	3.8	2
Bad Idea	9.4	5	1.9	1	7.5	4
Uncertain	1.9	1	-	-	-	-
No Response	5.7	3	-	-	-	-
Total	100.0	53	100.0	53	100.0	53

We see in this table overwhelming acceptance of premarital sex, but with the rspondents exhibiting considerably more caution (more responses in "depends" category) than they believe their female and male friends feel. Being parents, the respondents are surely more keenly aware of the possible consequences of premarital sex than they believe their peers to be.

An open-ended question was asked about what a single teenage

girl should do if she gets pregnant. The respondents' answers are shown in Table 3.

Table 3

What should a single teenage girl do if she gets pregnant?

N=53

	%	N
Keep the child	35.8	19
It is her decision	28.3	15
Finish school	20.8	11
Talk to someone	5.7	3
Put baby up for adoption	3.8	2
Get married	1.9	1
She should not get abortion	1.9	1
No response	1.9	1
Total	100.0	53

We see in this table support for having the baby and keeping it, as these young women have done. Adoption receives little support, and abortion receives none directly, although it may be seen as a choice by some of those who responded, "It is her decision".

In response to a question as to whether teenage girls should use birth control, 50 of the 53 respondents answered affirmatively (94.3%). This is in contrast to an earlier survey of 557 teen high school students from the same area (most of whom were not mothers), only 54.3% of whom had felt it was acceptable to use birth control.[8] We presume this differences reflects the divergence in life experience (pregnancy) between the two groups.

With regard to the sexual double standard, respondents were

asked the question shown in Table 4.

Table 4

In your opinion, do people look up or down at a young woman (man) who gets pregnant (becomes a father) before graduating from high school?

N=53

	Young Woman		Young Man	
	%	N	%	N
Look up to	7.5	4	15.1	8
Look down at	41.5	22	17.0	9
Don't care	13.2	7	35.8	19
Feel sorry for	34.0	18	32.2	16
No response	3.8	2	1.9	1
Total	100.0	53	100.0	53

Few of the respondents (7.5%) felt that people respect a girl who gets pregnant in high school, but twice as many (15.1%) felt that a boy is respected or admired if he becomes a father. A large number (34% for girls, 30.2% for boys) believed that people feel sorry for both young women and men in this situation. They also felt that people tend to look down on the young woman (41.5%), but were more likely not to care about the young man's situation (35.8%) than they were to devalue him. These young women reflect a continuing double standard for themselves and for their peers, attitudes which no doubt have been shaped in part by their own experiences of pregnancy and parenthood.

ADULT SUPPORTS

The important dimension of existing support systems was captured when the teen mothers were asked to rank the adults who

they consulted for guidance. Responses are shown below:

Table 5

Who do you turn to for guidance (adults)?

Adult Named	Teen Mothers Responses %	N
Parents	56.6	30
Relatives	28.3	15
School Counselor	5.7	3
Teacher	11.3	6
Clergy	7.5	4

The teen mothers interviewed show themselves to be relatively isolated, or distant, from adults who are ordinarily thought of as sources of guidance to teens. Almost half do not consider parents a source of help, and only a quarter see other relatives in this role. Given the many complex problems they now face as teen parents, the absence of trusted adults is striking. One can speculate about the degree of parental disengagement which has occurred as the young woman has acted against parental wishes.

COMPARISON WITH PEERS

The data on the contrast population were collected in 1982-83 as part of a multi-year research and demonstration project to provide and support career oriented motivation for high risk young women, as a more desirable alternative to early motherhood. The target population for that project was female students attending four San Diego high schools which registered the highest drop-out and pregnancy rates, according to the school

district. It represented young women residing in the same neighborhoods as the teen welfare mother sample. Four hundred and nine young women were sampled about their attitudes concerning parenthood, work, welfare, sex roles, feminism and future aspirations providing comparisions with the AFDC mother sample. Unfortunately, questions on sexuality were not permitted by the school district.

COMPARISION OF RESPONSES OF THE TWO GROUPS WHERE DIFFERENCES WERE STATISTICALLY SIGNIFICANT (.01 or better)

Table 6

What do you think your marital status will be in 10 years?

	Non-parent Teens		Teen Mothers	
	%	N	%	N
Single, without a child	17.1	70	1.9	1
Single, with a child	5.6	23	15.1	8
Married, without a child	11.2	46	0	0
Married, with a child	57.0	233	77.4	41
No response	9.0	37	5.7	3
Total	100.0	409	100.0	53

Considerably more teen parents saw themselves as married (20% more) in 10 years, and also as single parents. Surprisingly, 28% of the non-parent teens project a choice to be childless.*

* This finding was supported in an earlier study conducted by the authors, where parenthood was accorded a relatively low priority by a cohort of teens still in school (see reference 8 & 9).

The degree to which the teen women felt they exerted control over their own lives tested the concept of locus of control. This concept underlies the social learning theory of "learned helplessness" which has been applied to welfare clients, among others.[10] Responses to this question are reported below.

Table 7
How much control do you think you have over your own life?

	Non-parent Teens		Teen Mothers	
	%	N	%	N
A lot	69.4	284	49.1	26
Some	26.9	110	45.3	24
Minimal	2.9	12	5.7	3
No response	.7	3	0	0
Total	100.0	409	100.0	53

The degree of perceived control shifted perceptibly downwards for teen mothers. While both groups were about equal in feeling they had some (or more) control over their lives, teen mothers were no longer so optimistic about the degree.

This sense of pessimism was again represented in a question about specific career goals. Table 8 presents the responses of both groups to this close-ended question.

Table 8

Do you have any specific career goals?

	Non-parent Teens		Teen Mothers	
	%	N	%	N
Yes	76.5	313	79.2	42
No	6.1	25	20.8	11
Uncertain	17.3	7	0	0
Total	100.0	409	100.0	53

While a similar proportion of each group claim to have specific career goals, a much higher proportion of teen welfare mothers state that they have none. In contrast, their non-parent peers are uncertain about career goals, but have not abandoned the search. When asked what preparation they would need to achieve their career goals ten welfare mothers aspire to less formal routes and are more uncertain overall about how their goals can be attained.

Again, altered perceptions were evidenced sharply when both groups were asked about the likelihood of attaining their career goals.

Table 9

How likely are you to attain your career goals?

	Non-parent Teens		Teen Mothers	
	%	N	%	N
Very likely	52.6	215	47.2	25
Likely	42.8	175	22.6	12
Not likely	3.4	14	15.8	8
No response	1.2	5	15.1	8
Total	100.0	409	100.0	53

This picture of lowered expectation and control over the future, along with a sense of increased irrelevance of school to the present, continued to develop as the teen women were asked to estimate the likehood of school completion. Many options are now available in this community by which young people who drop out of school can complete their education; these avenues are widely known. Of the non-parent teens, over 95% felt they would finish

school in contrast with only 69% of the welfare mother teens. It is interesting and perhaps revealing to note that a substantial number of teen mothers registered "no response" (29% compared to 2% of school teens). As described earlier, 40% of the welfare mothers were no longer in school at the time of the interview. The response was taken to mean their inability or unwillingness to project a return to school in their plans for the future.

In another set of questions perceptions were tested concerning support systems for continued education. The two groups of young women present themselves in sharp contrast on the important issue of support networks. Table 10 demonstrates the contrast when the responses to 2 questions were integrated: how important does your family (and boyfried) feel it is for you to complete high school?

Table 10

Support for the completion of high school

	FAMILY				BOYFRIENDS			
	Non-parent Teens		Teen Mothers		Non-parent Teens		Teen Mothers	
	%	N	%	N	%	N	%	N
Very important	89.5	366	56.6	30	68.7	281	50.9	27
Important	4.6	19	3.8	2	6.4	26	3.8	2
Not important	1.2	5	1.9	1	2.9	12	1.9	1
Uncertain	4.4	18	13.2	7	10.8	44	18.9	10
No response	.2	1	24.5	13	11.2	46	24.5	13
Total	100.0	409	100.0	53	100.0	409	100.0	53

It is clear that the welfare mother teens perceive considerable less support for continued education from their most critical resources. The larger response noted in the "uncertain" and "no response" categories also suggests that they are somewhat more estranged from their support systems and that continued high school education may be viewed as irrelevant to the adult role of motherhood by their significant others. In fact, some of these young women may be swimming against the stream.

A series of questions about feminist views brought a particularly polarized response when the two groups of teens were asked, "Does a woman who stands up for her rights become less feminine?" Ninety-eight percent of teen mothers disagreed while 72 percent of non-parent teens agreed.

DISCUSSION

The young welfare mothers sampled in this study are considerably less optimistic and less hopeful about the future than the non-parent teens. It appears that the experience of early parenthood significantly altered their perceptions of reality and caused them to lower their life expectations. These young women have entered a different life stage fro their cohort, beginning the stuggle for survival as independent adults at an earlier age. The lower levels of support from family that they report represents, in part, the pulling away of families and a shift to treating the young women more as adults, no doubt strengthened by the teen mother's need for greater emancipation.

The lack of an adult support system for these young women is

striking, especially for those no longer in school. There is no service structure, except the AFDC program, to which they are related. Given the high risk of repeat pregnancies (in spite of belief in use of birth control), child neglect and abuse, and continued dependency, teen mothers should be seen as high priority for secondary prevention measures. With lowered optimism and life expectations noted in the study, these young women are at risk of developing the syndrome of depression, hopelessness and learned helplessness identified in welfare mothers by Carol Hooker if they do not receive support, guidance and opportunities to achieve their life goals. 10

PROGRAM IMPLICATIONS

There is a tremendous need for the development of a system of comprehensive, continuous services for teen mothers with a preventive and developmental thrust. The main focus in the field of adolescent pregnancy has rightly been on primary prevention. However, we believe that the thousands of new teen mothers each year in the United States, particularly those who live in poverty, should also be targetted for concentrated preventive efforts aimed at avoiding the development of the negative social sequellae for which they are at risk. Most services which reach this group, such as child protection, do so after the fact when problems have already developed, and take an essentially residual and punitive approach which fails to meet the need.

We are not suggesting a return to a system of mandated social services for all AFDC families, such as that endorsed by the social work profession in the 1960's and later abandoned when income maintenance functions were separated from social services. However, we do feel that teen mothers on welfare are not only a recognized high risk group, but also a group with great potential to benefit from comprehensive and intensive services. A case management approach, such as that being instituted for pregnant teens in California through the Maternal and Child Health Division of the State Department of Health, could provide the teen welfare mother with an on-going source of support and guidance, combined with monitoring of the key dimensions of wellbeing for both mother and child. The effectiveness of such a program would, of course, depend, on the availability of resources for support, not only financial but also the networking of needed community resources. Service development would be needed in many areas including adult education, job development and job training, infant day care, and parenting and child care skills. However, the cost to society of human pain and lost potential, not to mention the dollar estimates, through non-provision of supports needed by these vulnerable teens at this critical juncture of their lives seems short-sighted at best. We are suggesting that social workers need to advocate for a return to a comprehensive, case management approach for pregnant teens and teen mothers in every state and local communtity.

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